



Name:		ID:	
Company Name:			

Consent for Testing and Release of Information Regarding Hearing Ability Levels

Name _____

Employer (Current or Potential) _____

Soc Sec # _____ Daytime Phone # _____

I hereby authorize IWIRC to obtain from me, at the request of my employer, or as part of my pre-employment physical, audiology testing to determine my abilities to hear at different frequencies.

Further, I authorize the results of that analysis, and a copy of the completed consent/release forms to be released to the following company.

Company Name	Address	City/State/Zip
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The consent is valid until the results have been analyzed and the results released as authorized, but in no case shall the authorization be valid for more than sixty (60) days from this date.

My signature below acknowledges that I have read the foregoing statement and I have answered all the above questions truthfully. I understand that I have the right to receive a copy of this consent.

Signature	Date	Witness
Do you wear hearing protection? YES NO (CIRCLE)		

What type of hearing protection you use? PLUGS OR MUFFS (CIRCLE)

1. My hearing is: GOOD FAIR POOR (CIRCLE)
2. Is your hearing better in one ear than the other ear? YES NO (CIRCLE)
3. Do you have noise or ringing in either or both ears?

SPECIFY: RIGHT: _____ LEFT _____ BOTH EARS _____

4. Are you hard of hearing or is there deafness in your family? YES NO (CIRCLE)

WHO? _____

5. Do you work an additional job? YES NO (CIRCLE)
What are your job duties? _____

6. What are your hobbies? (i.e. shooting guns, hunting, motorcycles, race cars, loud music, power tools, chain saw, jet ski, etc.)

7. Did you serve in the military? YES NO (CIRCLE)
If yes, what were your duties?



Name: _____ ID: _____

Company Name: _____

8. Do you have a history of having any of the following: (Please circle)
- | | | | | | |
|----------------|-----|----|---------------|-----|----|
| Head Injury | YES | NO | Measles | YES | NO |
| Ear Infections | YES | NO | Mumps | YES | NO |
| Dizzy Spells | YES | NO | Scarlet Fever | YES | NO |
| Ear Surgery | YES | NO | Diabetes | YES | NO |

9. Have you seen a physician for ear problems? (Please explain.)

10. Were you exposed to noise in a previous job? YES NO (CIRCLE)
 11. Did you use hearing protection at your previous job? YES NO (CIRCLE)

12. What type of hearing protection did you use?

13. Have you had a hearing test before now? YES NO (CIRCLE)
 14. Are you currently under the care of a physician? YES NO (CIRCLE)
 15. Are you taking any medication? If so, please list.

JOB TITLE: _____

TYPE OF TEST: _____
(ANNUAL, BASELINE, SPECIAL)